FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

JA ETHICS AND JAMPAIGH DISCLOSURE BD.

2010 JAN 15 PM 1: 11

		CLUA	
COMMITTEE NAME (Must be same as on Statement of Org	anization)		
Committee to Elect Neal Christensen			FORM
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Candidivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	2)State PAC (3)State Party		DR-2 (Rev. 12/2009) DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY:			Comm. #
Candidate Name Neal Christensen	Political Party (if applicable)		Logged InScanned
Office Sought City Council	District (if Senate or House)		Computer
ate reports are subject to possible civil and criminal penalties. Pu andidate's committee, and the chairperson, for any other type of	committee, is the individual responsible	tor filing	8A.401(3), the candidate, for a timely and accurate reports.
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	<b>~</b> _	DATE SIGNED
AM FILING A 13 January 2010	DEDORT FOR (4) EL COTION	(0)	
(report date)	REPORT FOR (1) ELECTION Indicate by #		-ELECTION YEAR.
CHECK IF AMENDMENT TO REPORT DATED	•	<u> </u>	
JONEON II AMENDMENT TO REPORT DATED		ocal Cor	nmittees, enter Date of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed	1	County & which Electrical	2009 Local Committees, enter County in ction is held cinson
STATEMENT OF CASH ON HAND	)		
ASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fire.)	ash on hand at the end	<b>.</b> \$	0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	,	•••••••	
Schedule A: Cash Contributions total (Attach Schedu	ule A) (*also see in-kind below)		
Schedule F: Loans Received total (Attach Schedule			
Schedule H: Total Sales of Campaign Property (Atta			
Consume il applies to Cantinates' Comm			
	SUB-TOTAL	•	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	332 131712111111	•••••••	
Schedule D. Experiditures total (Allactic Octobation D)	the state of the s		
Schedule F: Loan Repayments total (Attach Schedul			
Schedule F: Loan Repayments total (Attach Schedul	e F)		0.00
ASH ON HAND at the end of this reporting period (if final report	ort balance must be zero)	\$	0.00
ASH ON HAND at the end of this reporting period (if final reporting Deriod	e F)ort balance must be zero)	\$	0.00
ASH ON HAND at the end of this reporting period (if final reporting period	ort balance must be zero)ule E)	\$ \$	
ASH ON HAND at the end of this reporting period (if final period) period (if final p	ort balance must be zero)ule E)	\$ \$	0.00
ASH ON HAND at the end of this reporting period (if final reporting period (if final reporting period (if final reporting period (if final reporting bills) (From Schedule D - Attach Schedule E - Attach Schedule State Distriction Schedule II - Attach Schedule CONSULTANT BREAKDOWN (Schedule G Attached?)	ort balance must be zero)ule E)	\$ \$	0.00 1,237,13
ASH ON HAND at the end of this reporting period (if final period) period (if final p	ort balance must be zero)ule E)	\$ \$	0.00 1,237,13 0.66
ASH ON HAND at the end of this reporting period (if final reporting period (if final reporting period (if final reporting period (if final reporting bills) (From Schedule D - Attach Schedule E - Attach Schedule State Distriction Schedule II - Attach Schedule CONSULTANT BREAKDOWN (Schedule G Attached?)	ort balance must be zero)ule E)	\$ \$	0.00 1,237,13 0.66

FOR	INSTRUCTIONS	SEE BACK C	E FORM

	SCHEDULE	1
COMMITTEE NAME (Must be same as on Statement of Organization)	E	IN-KIND
Committee to Elect Neal Christensen	(Rev. 06/97	CONTRIBUTIONS
Reset Fe	AMCN	K THIS BOX IF DING FORM

DATE		RELATIONSHIP	DESCRIPTION	FOTIS	
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE  * (if applicable)	OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER
10/02/2009	Dickinson County Recorder	Self	Data from last election	\$ 13.00	CONTRIBUTION
10/07/2009	Dickinson County News	Self	Three weeks of advertising	157.92	
10/15/2009	Dicko TV Bulletin Board	Self	Three weeks of TV bulletin board	105.28	
10/22/2009	U.S. Postal Service	Self	Postage stamps for campaign mailing	132.00	
10/22/2009	Tri-State Litho	Self	Yard signs and flyers	683.73	
10/23/2009	Lakes News Shopper	Self	Two weeks shopper ad	145.20	
				·	
SUB-TOTAL				\$ 1,237.13	
TOTAL (if last page of this schedule)			\$ 1,237.13		

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no

Page 1 of 1 (for Schedule E)